

**THIS FORM MUST BE COMPLETED IN ENGLISH
YUAV TSUM TEB TSAB NTAWV NO UA LUS ASKIV**

State of Minnesota
Xeev Minnesota

District Court
Cheeb Tsam Tsev Hais Plaub

County
Cheeb Nroog

Judicial District:
Txhooj Hais Plaub

Court File Number: _____
Zauv Cim Rooj Plaub

Case Type: Domestic Abuse
Hom Plaub Ntug Kev Tsim Txom Hauv Vaj Tse

In the Matter of:
Qhov Xwm Txheej ntawm:

Petitioner (first, middle, last)
Tus Neeg Foob (npe, npe nruab nrab, xeev)
On behalf of:
Pab rau:
Other persons needing protection (first, middle, last)
Lwm cov neeg xav tau kev tiv thaiv (npe, npe nruab nrab, xeev)

**Petitioner’s Affidavit and Petition
For Order for Protection**
Minn. Stat. § 518B.01
*Neeg Foob Tsab Ntawv Pov Thawj thiab Lus Thov
Tsab Ntawv Tiv Thaiv
Minn. Txoj cai § 518B.01*

and for her/himself
thiab rau nws tus kheej

vs.
tawm tsam

Respondent (first, middle, last)
Neeg Raug Foob (npe, npe nruab nrab, xeev)

STATE OF MINNESOTA)
XEEV MINNESOTA) SS
COUNTY OF _____)
CHEEB NROOG
(county where affidavit signed)
(lub cheeb nroog uas kos npe rau tsab ntawv pov thawj)

I, _____, state that:
I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP). (Minn. Stat. § 518B.01).

Kuv, _____ tsa tes/tseeb lees rau lub ntuj tias:
Kuv yog Tus Neeg Foob (tus neeg thov kev pab) rau tes dej num no. Tsab ntawv pov thawj no txhawb kuv Tsab Ntawv Tiv Thaiv (OFP). (Minn. Txoj cai § 518B.01).

1. Who needs protection?

- Me (Petitioner)
- My minor child(ren)
- A person for whom I am the legal guardian (attach Guardianship Order)
- A minor child who is not my child, but is a family or household member of mine
- Other: _____

Leej twg yuav tsum tau kev tiv thaiv?

- Kuv (Tus Neeg Foob)
- Kuv tus (cov) me nyuam me
- Tus neeg uas kuv muaj cai saib xyuas (rhais Tsab Ntawv Muaj Cai Saib Xyuas)
- Tus me nyuam uas tsis yog kuv yug, tiam sis yog ib yim neeg los yogi b tug neeg hauv kuv lub tsev
- Lwm tus neeg:

2. Petitioner Information (You)

Name: (first, middle, last) _____

- My address or phone is confidential. (Give the confidential information to court administration on a separate sheet of paper.)

My Address: _____

City, State, Zip Code: _____

Telephone: (_____) _____

Race: _____ (for federal reporting purposes)

Gender: male female Date of birth: (month/day/year): _____

Xov Xwm Txog Tus Neeg Foob (Koj)

Npe: (npe, npe nruab nrab, xeem)

- Yuav tau ceev zoo kuv qhov chaw nyob los yog tus xov tooj. (Muab cov ncauj lus ceev zoo cia no sau rau lwm nplooj ntawv cev rau chaw lis dej num hauv tsev hais plaub.)

Kuv qhov chaw nyob:

Zos, Xeev, Zauv Cim Cheeb Tsam:

Xov Tooj: ()

Haiv Neeg: _____ (rau tsoom fwv teb chaws kev tshaj xo)

Zeej Xeeb: txiv neej poj niam Hnub yug: (hlim/hnub/xyoo):

3. **Email Notification of Service**

Sau Ntawv Email Faj Seeb Txog Kev Xa Ntawv

By providing my email address below, I am indicating that I want to be notified by email when the respondent is served with the OFP. I understand that this is the only email I will receive from the court about the OFP unless I have signed up to receive other court notices via email. I understand that it will only be possible for the court to notify me by email when service information is received by the court. I understand that a technical or other error could occur preventing the successful delivery of the email, and that I have other options to learn of the service of the OFP on the respondent, including contacting law enforcement directly. I understand I must provide a valid email address in order to receive this notification of service, and that **THIS EMAIL ADDRESS WILL BE SEEN BY THE RESPONDENT:**

Email address: _____

Txoj kev qhia kuv qhov email rau nram no yog kuv qhia tias kuv xav kom sau ntawv faj seeb qhia kuv paub thaum twg xa tsab OFP txog tus neeg raug foob. Kuv to taub tias zaum no kuv thiaj txais tau ntawv email los ntawm lub tsev hais plaub txog tsab OFP nkaus xwb, tshwj tsis yog kuv rau npe kom xa lwm cov ntawv faj seeb hauv tsev hais plaub hauv email rau kuv. Kuv to taub tias lub tsev hais plaub tsuas sau ntawv email tuaj faj seeb tau rau kuv thaum twg lub tsev hais plaub txais tau cov xov xwm kev xa ntawv. Kuv to taub tias tej zaum kuj muaj kev cov nyom los yog yuam kev uas ua rau xa tsis tau tsab ntawv email, thiab kuv muaj lwm cov kev tshawb kom paub txog kev xa tsab OFP rau tus neeg raug foob, xws li hu cuag tub ceev xwm ncaj qha. Kuv to taub tias kuv yuav tsum qhia qhov email zoo thiaj li yuav txais tau tsab ntawv faj seeb txog kev xa ntawv no, thiab TUS NEEG RAUG FOOB YUAV POM QHOV EMAIL NO.

Chaw xa ntawv Email: _____

4. **Respondent Information:** (Person you want protection from)

Name: (first, middle, last) _____

Address: _____

City, State, Zip Code _____

Telephone: (_____) _____

Race: _____ Gender: male female

Date of birth: _____ If unknown, age or approximate age _____
month/day/year

If Respondent is under 18 years old, service must be made on Respondent and Respondent’s parent or guardian. Parent or guardian name: _____

Parent or guardian address: _____

Xov Xwm Txog Tus Neeg Raug Foob: (Tus neeg koj xav txwv)

Npe: (npe, npe nruab nrab, xeem)

Chaw nyob:

Zos, Xeev, Zauv Cim Cheeb Tsam:

Xov Tooj: ()

Haiv Neeg: Zeej Xeeb: txiv neej poj niam

Hnub yug: _____ Yog tsis paub, hnub nyoog los yog kwv yees hnub nyoog __
(hli/hnub/xyoo)

Yog tus neeg raug foob tsis nto hnub nyoog 18 xyoo, yuav tsum xa ntawv rau Tus Neeg Raug Foob thiab Tus Neeg Raug Fooj leej niam leej txiv los yog tus neeg saib xyuas.

Niam Txiv los yog Tus Neeg Saib Xyuas Npe: _____

Niam Txiv los yog Tus Neeg Saib Xyuas Chaw Nyob: _____

5. List all persons needing protection, other than you. None

Qhia tag nrho cov neeg xav tau kev tiv thaiv, dua li koj. Tsis Muaj

Name (first, middle, last) <i>Npe (npe, npe nruab nrab, xeem)</i>	Race <i>Haiv Neeg</i>	Gender <i>Zeej Xeeb</i>	Date of Birth <i>Hnub Yug</i>	Lives with you? <i>Puas nrog koj nyob?</i>	How is this person related to you? <i>Tus neeg no txheeb ze li cas rau koj?</i>	How is this person related to Respondent? <i>Tus neeg no txheeb ze li cas rau tus neeg raug foob?</i>
		<input type="checkbox"/> M <i>Txiv Neej</i> <input type="checkbox"/> F <i>Poj Niam</i>		<input type="checkbox"/> Yes <i>Nyob</i> <input type="checkbox"/> No <i>Tsis Nyob</i>		
		<input type="checkbox"/> M <i>Txiv Neej</i> <input type="checkbox"/> F <i>Poj Niam</i>		<input type="checkbox"/> Yes <i>Nyob</i> <input type="checkbox"/> No <i>Tsis Nyob</i>		
		<input type="checkbox"/> M <i>Txiv Neej</i> <input type="checkbox"/> F <i>Poj Niam</i>		<input type="checkbox"/> Yes <i>Nyob</i> <input type="checkbox"/> No <i>Tsis Nyob</i>		
		<input type="checkbox"/> M		<input type="checkbox"/> Yes		

		<i>Txiv Neej</i> <input type="checkbox"/> F <i>Poj Niam</i>	<i>Nyob</i> <input type="checkbox"/> No <i>Tsis Nyob</i>		
		<input type="checkbox"/> M <i>Txiv Neej</i> <input type="checkbox"/> F <i>Poj Niam</i>	<input type="checkbox"/> Yes <i>Nyob</i> <input type="checkbox"/> No <i>Tsis Nyob</i>		

6. List all minor children you and Respondent have together (biological and adopted), not listed at #5. None

Sau tag nrho cov me nyuam uas koj thiab tus neeg raug foob neb muaj ua ke (cov yug los yog cov saws), cov tsis tau teev ntawm nqe 5. Tsis Muaj

Name (first, middle, last) <i>Npe (npe, npe nruab nrab, xeem)</i>	Date of Birth <i>Hnub Yug</i>	Who has the child now? <i>Leej twg tau tus me nyuam tam sim no?</i>
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other <input type="checkbox"/> Kuv <input type="checkbox"/> Neeg Raug Foob <input type="checkbox"/> Lwm Tus
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other <input type="checkbox"/> Kuv <input type="checkbox"/> Neeg Raug Foob <input type="checkbox"/> Lwm Tus
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other <input type="checkbox"/> Kuv <input type="checkbox"/> Neeg Raug Foob <input type="checkbox"/> Lwm Tus
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other <input type="checkbox"/> Kuv <input type="checkbox"/> Neeg Raug Foob <input type="checkbox"/> Lwm Tus
		<input type="checkbox"/> Me <input type="checkbox"/> Respondent <input type="checkbox"/> Other <input type="checkbox"/> Kuv <input type="checkbox"/> Neeg Raug Foob <input type="checkbox"/> Lwm Tus

7. List all minor children living with you, not listed at #5 or #6. None

Sau tag nrho cov me nyuam me nyob nrog koj, cov tsis tau teev muaj ntawm nqe 5 los yog nqe 6, Tsis Muaj

Name (first, middle, last) <i>Npe (npe, npe nruab nrab, xeem)</i>	Date of Birth <i>Hnub Yug</i>	How is this child related to you? <i>Tus me nyuam no txheeb ze li cas rau koj?</i>	How is this child related to Respondent? <i>Tus me nyuam no txheeb ze li cas rau tus neeg raug foob?</i>

8. What is your relationship to Respondent? (Check all that apply)

Koj txheeb ze li cas rau Tus Neeg Raug Foob? (Kos txhua yam muaj feem xyuam)

- Married. Marriage date: _____
Sib yuav. Hnub sib yuav:
- Divorced. Marriage date: _____ Divorce date: _____
Sib Nrauj. Hnub sib yuav: Hnub sib nrauj:
- Living together since _____(date)
Nyob ua ke txij (hnub tim)
- Lived together from ____/____/____ to ____/____/____
Nyob ua ke txij ____ txog ____
- Have a child together
Muaj ib tug me nyuam ua ke
- Have an unborn child together
Xeeb ib tug me nyuam rau hauv plab ua ke tsis tau yug
- Parent/Child
Leej niam leej txiv/Tus me nyuam
- Related by blood
Txheeb ze los ntawm roj ntsha
- Significant romantic or sexual relationship.
Neeg sib hlub los yog sib deev tseem ceeb heev.
 The relationship lasted from (date): _____ until _____
 How often did you have contact with Respondent during that time? _____

 Txoj kev sib hlub kav txij thaum (hnub tim): ____ mus txog ____
 Koj sib cuag nrog Tus Neeg Raug Foob ntau zaus npaum li cas thaum lub sij hawm ntawd?

9. **Is there an Order for Protection in effect now** between you (or anyone else listed at #5) and Respondent? Yes No

If yes, when does the Order expire? _____

In what County and State was the Order made? _____

What is the Court Case Number? _____

The Order requires (name) _____ to stay away from (names) _____

Puas muaj muaj ib tsab Ntawv Tiv Thaiv tam sim no ntawm koj (los yog lwm tus neeg teev muaj ntawm nqe 5) thiab Tus Neeg Raug Foob? *Muaj* *Tsis Muaj*

Yog muaj, thaum twg Tsab Ntawv Tiv Thaiv tas caij siv?

Tsab Ntawv Tiv Thaiv zwm muaj nyob rau lub Cheeb Nroog thiab Xeev twg?

Tus Zauv Cim Rooj Plaub yog dab tsi?

Tsab Ntawv Tiv Thaiv txwv (npe) _____ kom txhob mus ze (cov npe) _____

10. Orders for Protection no longer in effect:

Cov Ntawv Tiv Thaiv uas tsis siv tau lawm:

Have you, or any of the people listed at #5, had an Order for Protection against Respondent in the past? Yes No (If no, skip to #11.)

Koj los yog leej twg teev muaj npe ntawm nqe 5 puas tau thov ua ib Tsab Ntawv Tiv Thaiv nrog

Tus Neeg Raug Foob yav dhau los? Tau Tsis Tau (Yog tsis tau, hla mus rau nqe 11)

If yes, how many? _____ (If a temporary order expired because law enforcement was not able to serve Respondent with the OFP, you do not have to list it here.)

Yog tau, pes tsawg tsab? _____ (Yog tsab ntawv tiv thaiv tas caij siv tau vim tub ceev xwm xa tsis tau tsab OFP mus rau Tus Neeg Raug Foob, koj tsis tag teev rau ntawm no.)

Provide the following details:

Qhia cov ntsiab lus nram no:

Court File Number, if known Zauv Cim Rooj Plaub, yog paub	County and State Cheeb Nroog thiab Xeev

11. Now, or in the past, have you (or other persons at #5) and Respondent been jointly involved in **other family court, domestic abuse criminal cases, or harassment restraining order cases?**

Yes No

Tam sim no los yog yav dhau los, koj (los yog lwm cov neeg ntawm nqe 5) thiab Tus Neeg Raug Foog puas ua ke muaj lwm cov rooj plaub tsev neeg, cov rooj plaub tsim txom txhaum cai hauv vaj tse, los yog cov rooj plaub kev txwv txiav kev zes ua phem? Muaj Tsis Muaj

Check the box if you and Respondent have a current or closed Court Case of this type:

Yog koj thiab Tus Neeg Raug Foob tau muaj ib hom Rooj Plaub hauv Tsev Hais Plaub hom twg no, kos kem rau:

- Divorce Custody Paternity
- Sib Nrauj Sib Txeeb Me Nyuam Kev Yog Leej Txi*
- Child Support Child Protection

Kev Yug Noj Yug Haus Rau Me Nyuam Kev Tiv Thaiv Me Nyuam

Domestic Abuse criminal charges

Cov kev tsub plaub Tsim Txom Hauv Vaj Tse txhaum cai

Domestic Abuse criminal conviction

Kev nplua txim Tsim Txom Hauv Vaj Tse txhaum cai

Harassment Restraining Order

Ntawv Txwv Txiav Kev Zes Ua Phem

For each box checked, provide the following case information, if known:

Rau ib kem twg uas kos, qhia cov ncauj lus txog rooj plaub rau nram no, yog paub txog:

Case Type	Case Number	State/County	Year Filed	Names of Children involved
<i>Hom Plaub Ntug</i>	<i>Zauv Cim Rooj Plaub</i>	<i>Xeev/Cheeb Nroog</i>	<i>Xyoo Zwm</i>	<i>Cov Me Nyuam Txuam Nrog Cov Npe</i>

12. Why do you (or the persons listed at #5) need an Order for Protection?

Vim li cas koj (los yog cov neeg teev ntawm nqe 5) thiaj xav tau Tsab Ntawv Tiv Thaiv?

Describe the abuse by answering the questions below. If there are several dates, use the *Description of Abuse Attachment* to describe what happened on the other dates. *Piav qhia txoj kev tsim txom uas yog teb cov nqe lus nug nram no. Yog muaj ntau lub caij nyoog, siv Nplooj Ntawv Qhia Ntxiv Txog Kev Tsim Txom Ntxiv los qhia ntxiv seb ua li cas thaum lwm cov caij nyoog.*

Date of most recent abuse: _____

Hnub tsim txom tsis ntev dhau los:

Who was there: _____

Leej twg nyob nrog:

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries. _____

Piav seb Tus Neeg Raug Foob ua mob li cas rau koj lub cev (los yog lwm cov ntawm nqe 5) los yog ua rau koj ntshai. Yog koj raug mob, puav leej piav qhia cov kev raug mob.

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Puas raug musk ho cov mob? Tau Tsis Tau. Yog Tau, sau cov hnuv thiab cov chaw uas tau mus kho mob.

Describe any use or threatened use of guns or other weapons:

Piav qhia kev siv los yog hawm yuav siv phom los yog lwm cov khoom heev:

During the incident, did Respondent interfere with a 911 or emergency call? Yes No

Thaum muaj qhov xwm txheej no, Tus Neeg Raug Foob puas tau cuam tshuam kev hu 911 los yog hu cuag kev pab kub ceev? Tau Tsis Tau

Describe the interference: _____

Piav txoj kev cuam tshuam:

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____

Tub ceev xwm/tub ceev xwm nroog puas tuaj? Tuaj Tsis Tuaj Yog Tuaj, sau cov hnuv thiab lwm cov ntsiab lus.

13. (Optional) If there is a **history of abuse** by Respondent against persons at #5, in addition to the recent incidents, you may briefly explain the history here: _____
-

(Nyob ntawm siab yeem) Yog Tus Neeg Raug Foob yeej muaj keeb kwm tsim txom cov neeg ntawm nqe 5, nrog rau cov xwm txheej nyuam qhuav muaj, koj qhia me ntsis txog qhov keeb kwm rau ntawm no:

14. **Do you believe that the domestic violence will continue** and that you or other persons at #5 are in immediate danger? Yes No Why? _____
-

Koj puas ntseeg tias txoj kev tsim txom hauv vaj tse yuav muaj mus ntxiv thiab koj los yog lwm cov neeg ntawm nqe 5 puas yuav ntsib teeb meem phem sai? Muaj Tsis Muaj Vim li cas?

15. Does Respondent work or attend school at the same place as Petitioner or any other protected persons? Yes No

Tus Neeg Raug Foob puas mus ua hauj lwm los yog mus kawm ntawv ntawm tib qho chaw uas Tus Neeg Foob los yog lwm cov neeg tau kev tiv thaiv mus rau? Mus Tsis Mus

REQUESTS FOR RELIEF
COV LUS THOV KEV CAWM

16. Relief that does not require a hearing:

I ask the court to order the things I checked below in (a) through (k). I understand that requesting these things does not require a hearing to be held.

Kev kawm uas tsis tag muaj lub rooj sib hais plaub:

I thov lub tsev hais plaub kom ntswj cov kuv kos nram no ntawm nqe (a) txog nqe (k). Kuv to taub tias txoj kev thov cov no tsis tag muaj lub rooj sib hais plaub.

I understand that if the court issues an Ex Parte Order, the judge may set a hearing and/or the Respondent may request a hearing.

Kuv to taub tias yog lub tsev hais plaub muab Kev Tiv Thaiv Ib Ntus, tus kws txiav txim plaub ntug yuav teem ib lub rooj sib hais plaub thiab/los yog Tus Neeg Raug Foob thov tau lub rooj sib hais plaub.

I understand that if the court does not issue an Ex Parte Order, the judge may dismiss the matter, or may set a hearing, unless I do not want a hearing (indicate by checking the box below).

Kuv to taub tias yog lub tsev hais plaub tsis muab Kev Tiv Thaiv Ib Ntus, kuv thov tau tus kws txiav txim plaub ntug kom muab qhov xwm txheej rho tawm, los yog teem ib lub rooj sib hais plaub, tshwj tsis yog kuv tsis xav tau lub rooj sib hais plaub (kos kem nram no qhia).

I DO NOT want a hearing. If the court does not issue an Ex Parte Order, I ask that no hearing be scheduled and that the matter be dismissed. I understand that this means there will be no Order issued and no further proceedings.

KUV TSIS xav tau lub rooj sib hais plaub. Yog lub tsev hais plaub tsis muab Kev Tiv Thaiv Ib Ntus, kuv thov kom tsis txhob teem muaj lub rooj sib hais plaub thiab muab qhov xwm txheej rho tawm. Kuv to taub tias qhov no txhais tau tias yuav tsis muab Tsab Ntawv Tiv Thaiv rau kuv thiab yuav tsis muaj sib hais dab tsi mus ntxiv.

Based on this affidavit, I am asking the court to make the following orders:

Raws li tsab ntawv pov thawj no, kuv thov lub tsev hais plaub kom ntswj cov nram no:

- a. Issue an Ex Parte Order for Protection to protect me all persons listed at #5.
(These are the protected persons.)

Muab Tsab Ntawv Tiv Thaiv Ib Ntus kom tiv thaiv kuv tag nrho cov tib neeg teev ntawm nqe 5.

- b. Restrain and enjoin Respondent from causing *the protected person(s)* any physical harm, or fear of immediate physical harm.

Txwv thiab tswj Tus Neeg Raug Foob kom tsis txhob ua mob rau lub cev los yog ua kom ntshai yuav raug mob rau lub cev tam sis rau tus (cov) neeg tau kev tiv thaiv.

- c. Order Respondent to have no contact with *the protected person(s)* whether in person, with or through other persons, by telephone, mail, e-mail, through electronic devices, social media, through a third party, or by any other means, except as follows:

Ntswj Tus Neeg Raug Mob kom tsis txhob muaj kev sib cuag nrog tus (cov) neeg tau kev tiv thaiv tim ntsej tim muag los yog los ntawm lwm cov neeg, hauv xov tooj, ua ntawv sau, ua ntawv e-mail, hauv cov tshuab hluav taws xob, kev sib cuag saum huab cua, los ntawm lwm tus neeg sab nraud, los yog lwm cov kev sib cuag, tshwj tsis ntswj raws li cov nram no:

- d. Exclude Respondent from:

Cais Tus Neeg Raug Foob tawm ntawm:

- i. My home or the home Respondent and I share.

Kuv lub tsev los yog lub tsev uas Tus Neeg Raug Foob thiab kuv nyob ua ke.

- My address is confidential OR

Ceev zoo cia kuv qhov chaw nyob LOS YOG

- My home address is:

Kuv lub tsev chaw nyob yog: _____

And a reasonable area surrounding my home, specifically as follows:

Thiab ib cheeb tsam puag ncig kuv lub tsev tsim nyog, raws nkaus li nram no: _____

Except as follows:

Tshwj tsis yog raws li nram no: _____

ii. The home of _____(protected person(s)).

Lub tsev ntawm _____ (tus (cov) neeg tau kev tiv thaiv)).

The address is confidential OR

Ceev zoo cia qhov chaw nyob LOS YOG

The home address is:

Kuv lub tsev chaw nyob yog: _____

And a reasonable area surrounding this home, specifically as follows:

Thiab ib cheeb tsam puag ncig kuv lub tsev tsim nyog, raws nkaus li nram no: _____

Except as follows:

Tshwj tsis yog raws li nram no: _____

e. Restrain Respondent from calling or entering Petitioner's _____ 's workplace including all land, parking lots and buildings at:

Ceev Tus Neeg Raug Foob kom tsis txhob hu los yog txhob nkag rau hauv Tus Neeg Foob

_____ qhov chaw ua hauj lwm nrog rau tag nrho tej av, tiaj nres tsheb thiab cov vaj tse ntawm:

Employer Name: _____

Chaw Hauj Lwm Npe:

Address: _____

Street, City, State

Chaw Nyob: _____

Kev, Zos, Xeev

Tshwj tsis yog raws li nram no: _____

f. Restrain Respondent from entering _____ at the following address: _____

Street, City, State

Ceev Tus Neeg Raug Foob kom tsis txhob nkag rau _____ ntawm qhov chaw nyob nram no: _____

Kev, Zos, Xeev

Except as follows: _____

Tshwj tsis yog raws li nram no:

g. Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

Ntswj Tus Neeg Raug Foob kom mujs twj ywm tag nrho cov kev pov hwm li qub tsis txhob hloov cov kev them nqi los yog cov neeg txais txiaj ntsim zoo.

h. Order the possession and care of a pet or companion animal as follows:

Ntswj txoj kev tau thiab tu xyuas tus tsiaj los yog phooj ywg tsiaj hauv tsev raws li nram no:

i. Order Respondent to refrain from physically abusing or injuring any pet or companion animal, without legal justification, known to be owned, possessed, kept, or held by either party or a minor child residing in the residence or household of either party as an indirect means of intentionally threatening the safety of such person.

Ntswj Tus Neeg Raug Foob kom txhob tsim kev mob los yog raug mob rau tus tsiaj los yog tus phooj ywg tsiaj hauv tsev, tsis tag raws kev cai lij choj, uas paub tias yog tus tswv, tus muaj, tus khaws, los yog tus tuav los ntawm ib tog twg los yog ntawm tus me nyuam nyob rau hauv tsev los yog lub tsev neeg ntawm ib tog twg tam kev txhob txwm hauv yuav ua phem rau txoj kev nyab xeeb ntawm tus neeg no.

j. Direct local law enforcement to provide the following assistance:

Cob tub ceev xwm hauv zos kom muab cov kev pab cuam nram no: _____

k. Other:

Lwm yam: _____

17. Relief that requires a hearing

In addition to the orders requested above, I ask the court to order the following things. I understand that if I request any of the following things, a hearing must be held.

Kev cawm uas yuav tau muaj lub rooj sib hais plaub

Ntxiv rau cov kev ntswj thov muaj saum no, kuv thov kom lub tsev hais plaub ntswj cov nram no. Kuv to taub tias yog kuv thov cov nram no, yuav tau muaj lub rooj sib hais plaub.

- a. Grant me temporary custody of the joint minor child(ren) subject to parenting time for the Respondent as detailed at #18. (Fill out #18)

Muab cai rau kuv tau tus (cov) me nyuam mus ib ntus uas Tus Neeg Raug Foob tau sij hawm saib me nyuam raws li teev ntawm nqe 18. (Teb nqe 18)

- b. Order Respondent to pay a reasonable amount of money for the support of our joint minor child(ren). (Fill out #19)

Ntswj Tus Neeg Raug Foob kom them ib qho nyiaj yug noj yug haus mus ib ntus rau wb tus (cov) me nyuam. (Teb nqe 19)

- c. Order Respondent to pay a reasonable amount of money to me for my living expenses (Fill out #19)

Ntswj Tus Neeg Raug Foob kom them ib qho nyiaj yug noj yug haus pab rau kuv cov nuj nqis. (Teb nqe 19)

- d. Award me temporary use and possession of personal property (describe the property):

Muab cai rau kuv siv thiab tau cov khoom teej tug (piav qhia qhov khoom):

-
- e. Restrain respondent from disposing of or destroying the following property:

Ceev tus neeg raug foob kom tsis txhob muab cov khoom nram no pov tseg los yog ua puas: _____

- f. Order Respondent to pay me restitution in the amount of \$_____ (Fill out #20)

Ntswj Tus Neeg Raug Foob kom them nyiaj kho \$ _____ rau kuv. (Teb nqe 20)

- g. Order Respondent to attend counseling, treatment, or other social services as follows:

Ntswj Tus Neeg Raug Foob kom mus cuag kev pab tswj yim ua neeg, kev kho los yog lwm cov kev pab xws li cov nram no:

- Domestic Abuse program

Kev pab txog kev tsim txom hauv vaj tse

Alcohol/chemical dependency evaluation and follow recommended treatment

Ntsuas kev quav dej caw/tshuaj yeeb thiab koj raws cov tswv yim kho

Mental health evaluation and follow recommended treatment

Ntsuas kev puas hlwb puas siab ntsws thiab koj raws cov tswv yim kho

Other _____

Lwm yam

h. Prohibit Respondent from shipping, transporting, possessing, or receiving any firearms or ammunition.

Txwv txiav Tus Neeg Raug Foob txoj kev xa, thauj, muaj los yog txais tau tej phom los yog mos txwv.

i. Issue the Order for Protection for a period up to 50 years because:

Muab Tsab Ntawv Tiv Thaiv mus kav txog 50 xyoo vim:

Respondent has violated a prior or existing Order for Protection on two or more occasions

Tus Neeg Raug Foob tau ua txhaum Tsab Ntawv Tiv Thaiv dhau los yog tsab tam sim no ob zaug los yog ntau zaus dua

Petitioner/protected person has had two or more Orders for Protection in effect against this Respondent.

Tus Neeg Foob/tus neeg tau kev tiv thaiv tau ua muaj ob tsab los yog ntau Tsab Ntawv Tiv Thaiv ntawm Tus Neeg Raug Foob no.

Additional Information to Support my Requests that Require a Hearing

Xov Xwm Ntxiv los Txhawb kuv Cov Lus Thov uas Yuav Tau Muaj Lub Rooj Sib Hais Plaub

18. Temporary Custody and Parenting Time

Kev Tau Me Nyuam Ib Ntus thiab Sij Hawm Saib Me Nyuam

If you and Respondent have a minor child together, you can ask the court to make temporary orders about custody, parenting time, or support for the child. To ask for these temporary orders, paternity must be established by marriage, Recognition of Parentage, or Paternity Order.

Yog koj thiab Tus Neeg Raug Foob muaj ib tug me nyuam ua ke, koj thov tau kom lub tsev hais plaub nrog ntswj ib ntus txog kev tau me nyuam, sij hawm saib me nyuam, los yog kev yug noj yug haus rau tus me nyuam. Kom thov tau cov kev ntswj ib ntus no, yuav tsum tsim kev yog leej

txi los ntawm txoj kev sib yuav, Ntawv Lees Paub Yog Leej Txi los yog Tsab Ntawv Ntswj Kev Yog Leej Txi.

Do you want custody or parenting time ordered? Yes No If No, skip to #19. If Yes, fill in the information below.

Koj puas xav kom ntswj kev tau me nyuam los yog sij hawm saib me nyuam? Xav Tsis Xav Yog Tsis Xav, hla mus rau nqe 19. Yog Xav, teb lus rau nram no.

a. Temporary custody of the following joint minor child(ren):

Xav kom muab tus (cov) me nyuam nram no: _____

_____ should be awarded to me because:

rau kuv mus ib ntus vim: _____

b. Respondent should have parenting time as follows:

(Check all that apply)

Tus Neeg Raug Foob yuav tau sij hawm saib me nyuam raws li nram no:

(Kos txhua qhov muaj feem xyuam)

Unsupervised parenting time at the following days/times:

Sib hawm saib me nyuam uas tsis muaj neeg nrog ceev soj rau cov hnuv/sij hawm nram no:

No parenting time because:

Tsis muaj sij hawm saib me nyuam vim: _____

Supervised parenting time because: _____

_____ with supervision as follows:

at a safety center or appropriate facility, if available.

supervised by a relative, friend, or other third party

Sij hawm saib me nyuam uas muaj neeg nrog ceev soj vim: _____ nrog rau kev ceev soj raws li nram no:

ntawm lub chaw nyab xeeb los yog lub tsev zoo tsim nyog, yog tias muaj.

ceej soj los ntawm ib tug txheeb ze, phooj ywg los yog lwm tus neeg sab nraud

Parenting time subject to the following conditions:
Sij hawm saib me nyuam raws cov zwj ceeb nram no: _____

We should exchange the children for parenting time exchanges at an appropriate facility:
Peb yuav tau muab cov me nyuam sib hloov rau lub caij saib me nyuam ntawm qhov chaw zoo tsim nyog: _____

Other:
Lwm yam: _____

19. Financial Support

Nyiaj Pab

I want the court to order Respondent to financially support me or our joint children. Yes No
If No, skip to #20. If Yes, fill in the information below.

Kuv xav kom lub tsev hais plaub ntswj Tus Neeg Raug Foob kom muab nyiaj yug noj yug haus rau kuv los yog rau wb cov me nyuam. Yog Tsis Yog *Yog Tsis Xav, hla mus rau nqe 20.*
Yog Xav, teb lus rau nram no.

a. I am seeking child support spousal maintenance medical support/health insurance.

Note: You must be married to get spousal maintenance for your living expenses.

Kuv xav tau *nyiaj yug noj yug haus me nyuam* *nyiaj yug noj yug haus rau txij nkawm* *nyiaj pab them nqi kho mob. Faj Seeb: Koj yuav tsum sib yuav thiaj tau nyiaj yug txij nkawm los pab koj cov nuj nqis.*

My income is \$_____ per month from _____(source).

Kuv qhov nyiaj hli yog \$___ ib hlis twg los ntawm _____ (hom nyiaj).

I have monthly expenses of \$_____, including \$_____ for our joint minor child(ren).

Kuv muaj cov nuj nqis txhua lub hlis \$___, nrog cov nqi \$ ___ rau wb tus (cov) me nyuam.

Respondent's income is \$_____ per month from _____
_____ (source) or unknown. Respondent is

employed unemployed unknown. The name and address of

Respondent's employer is: _____

Tus Neeg Raug Foob qhov nyiaj hli yog \$___ ib hlis twg los ntawm ____ (hom nyiaj) los yog tsis paub. Tus Neeg Raug Foob ua hauj lwm tsis ua hauj lwm tsis paub. Tus Neeg Raug Foob lub chaw hauj lwm npe thiab chaw nyob yog:

- b. I have childcare costs for the joint children of \$_____ per month because of employment or school.

Kuv muaj cov nqi zov me nyuam \$ ___ ib hlis twg vim yog kev ua hauj lwm los yog kev kawm ntawv.

- c. Health insurance for me child(ren) is through:

Kev pov hwm them nqi kho mob rau kuv tus (cov) me nyuam los ntawm:

My employer

Kuv lub chaw hauj lwm

Respondent's employer

Tus Neeg Raug Foob lub chaw hauj lwm

Minnesota Care

Xeev Minnesota Kev Pov Hwm

Private insurance I purchase

Kuv muas kev pov hwm

Private insurance Respondent purchases

Neeg Raug Foob muas kev pov hwm

Other

Lwm yam: _____

- d. Other information about why you want financial support:

Lwm cov xov xwm qhia seb vim li cas koj thiaj xav tau nyiaj pab: _____

20. Restitution

Nyiaj Them Kho

I want the Court to order Respondent to reimburse me for expenses I incurred because of the domestic abuse. Yes No If Yes, fill in the information below.

My expenses total \$_____.

Kuv xav kom Lub Tsev Hais Plaub ntswj Tus Neeg Raug Foob kom them nyiaj rov rau kuv vim yog cov nuj nqis tsim muaj los ntawm nws txoj kev tsim txom hauv vaj tse. Yog Tsis Yog. Yog tias Yog, teb cov lus rau nram no.

Kuv cov nqi tag nrho yog \$ _____

Describe the expenses (such as medical expenses or costs to repair or replace damaged property)

Piav qhia cov nuj nqis (xws li nqi ho mob lo syog nqi kh los yog hloov khoom puas) _____

(Be prepared to bring receipts or other proof of the expenses to the court hearing.)

(Npaj nqa cov ntawv teev nqi them tag los yog lwm cov ntawv pov thawj rau cov nuj nqis tuaj rau hauv lub rooj sib hais plaub.)

21. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

Kuv thov lwm cov kev cawm ntxiv thaum lub caij sib hais plaub raws li Lub Tsev Hais Plaub pom zoo rau txoj kev tiv thaiv tsev neeg los yog cov neeg hauv tsev, nrog rau cov kev ntswj los yog kev txib cov koom haum tub ceev xwm.

I declare under penalty of perjury that everything I have stated in this document is true and correct.
Minn. Stat. § 358.116.

Kuv lees raws txoj cai rau txim kev dag tias txhua yam kuv tau teev hauv tsab ntawv no yeej muaj tseeb thiab yog. Minn. Txoj Cai § 358.116.

Signature of Petitioner:
Neeg Foob Kos Npe:

Dated: _____

Hnub tim:

Name *Npe:* _____

(If your address is confidential do not include it here)

(Yog ceev zoo koj qhov chaw nyob lawm, tsis txhob sau rau nov)

Address: _____

Chaw Nyob:

City/State/Zip : _____

Zos/Xeev Zauv Cim Cheeb Tsam:

Telephone: (_____)

Xov Tooj:

E-mail address: _____

Chaw sau ntawv E-mail:

ATTACHMENT FOR DESCRIPTION OF ADDITIONAL ABUSE
NPLOOJ NTAUV QHIA NTXIV TXOG LWM COV KEV TSIM TXOM

Date of next incidence of abuse: _____

Hnub tsim txom muaj tom ntej:

Who was there: _____

Leej twg nyob ntawd:

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Piav qhia seb Tus Neeg Raug Foob ua li cas thiaj ua mob rau koj lub cev (los yog lwm cov neeg ntawm nqe 5) los yog ua rau koj ntshai. Yog koj raug mob, puas leej piav qhia cov mob.

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received.

Puas mus kho cov mob? Mus Tsis Mus Yog Mus, sau cov hnub thiab cov chaw uas tau mus kho cov mob. _____

Describe any use or threatened use of guns or other weapons:

Piav qhia tej kev siv los yog hawv yuav cov phom los yog lwm yam khoom heev: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Thaum muaj qhov xwm txheej, Tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los yog hu xov tooj cuag kev pab kub ceev? Tau Tsis Tau Yog tau, piav qhia nws txoj kev cuam tshuam li cas:

Did the police/sheriff come? Yes No If Yes, list dates and other details.

Tub ceev xwm/tub ceev xwm nroog puas tuaj? Tuaj Tsis Tuaj Yog Tuaj, sau cov hnub thiab lwm cov ntsiab lus. _____

Date of next incidence of abuse: _____

Hnub tsim txom muaj tom ntej:

Who was there: _____

Leej twg nyob ntawd:

Describe what Respondent did to physically harm you (or others at #5) or make you afraid. If you were injured, also describe the injuries.

Piav qhia seb Tus Neeg Raug Foob ua li cas thiaj ua mob rau koj lub cev (los yog lwm cov neeg ntawm nqe 5) los yog ua rau koj ntshai. Yog koj raug mob, puas leej piav qhia cov mob.

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received.

Puas mus kho cov mob? Mus Tsis Mus Yog Mus, sau cov hnub thiab cov chaw uas tau mus kho cov mob. _____

Describe any use or threatened use of guns or other weapons:

Piav qhia tej kev siv los yog hawv yuav cov phom los yog lwm yam khoom heev: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Thaum muaj qhov xwm txheej, Tus Neeg Raug Foob puas tau cuam tshuam txoj kev hu 911 los yog hu xov tooj cuag kev pab kub ceev? Tau Tsis Tau Yog tau, piav qhia nws txoj kev cuam tshuam li cas:

Did the police/sheriff come? Yes No If Yes, list dates and other details.

Tub ceev xwm/tub ceev xwm nroog puas tuaj? Tuaj Tsis Tuaj Yog Tuaj, sau cov hnub thiab lwm cov ntsiab lus. _____
